

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-037488

STATE FILE NUMBER

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9524

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

FILED OCT 1 1963

1. PLACE OF DEATH a. COUNTY - - -		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY - - -	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri		c. CITY OR TOWN St. Louis	
Length of stay in 1b 4 months		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 7079 Sutherland		d. STREET ADDRESS (If outside, give location) 6959a Winona	
3. NAME OF DECEASED (Type or print) First Middle Last Charles Ezra Devereux		4. DATE OF DEATH Month Day Year September 22, 1963	
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-15-80
9. AGE (last birthday) 83		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tobacco worker (ret.)		10b. KIND OF BUSINESS OR INDUSTRY Liggett-Meyers	
11. BIRTHPLACE (City and state or country) Glasgow, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Frank Devereux		13b. MOTHER'S MAIDEN NAME English	
14. NAME OF HUSBAND OR WIFE Anna Budde Devereux		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. [redacted]		17. INFORMANT Mrs. Anna Devereux 7079 Sutherland	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized atherosclerosis DUE TO (b) Peripheral vascular disease DUE TO (c) Congestive Heart Failure			INTERVAL BETWEEN ONSET AND DEATH 10 yrs. ? 3 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 450.0			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 2.1.1961 to 9.21.63 and last saw him alive on 9.21.63 Death occurred at 4:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) [Signature], MD		22b. ADDRESS 3654 South Grand	
22c. DATE SIGNED 9.23.63		22d. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-25-63	23c. NAME OF CEMETERY OR CREMATORY SS Peter & Paul	
23d. LOCATION (City, town, or county) St. Louis, Mo.		23e. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR HOFFMEISTER COLONIAL MORTUARY 6464 Chippewa		25. DATE RECD. BY LOCAL REG. SEP 24 1963	
26. REGISTRAR'S SIGNATURE Earl Smith, M.D.		26. REGISTRAR'S SIGNATURE	

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*John L. Dennehy*

Licensed Embalmer No.

*41940*

P. O. Address

*St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Dr. Carlo Caciolo  
3654 S. Grand  
PR. 3-2414